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CERTIFICATE OF MAILING

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450..

John A. Lamerdin, Ph.D.

Type or print name

Signature

11/6/03

Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF

DWORETZKY ET AL.

APPLICATION NO: 10/075,703

FILED: FEBRUARY 14, 2002

FOR: MODULATORS OF KCNQ POTASSIUM CHANNELS AND USE  
THEREOF IN TREATING MIGRAINE AND MECHANISTICALLY  
RELATED DISEASE

Art Unit: 1624

Examiner: Dr. Thomas C. McKenzie

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

FEE LETTER FOR INFORMATION DISCLOSURE STATEMENT

Sir:

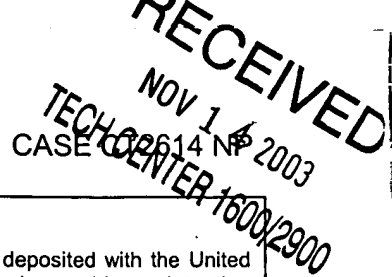
Please charge Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company in the amount of \$180 for payment of the fee pursuant to 37 CFR §1.17(p) for the submission of an Information Disclosure Statement under 37 CFR §1.97(c).

An additional copy of this paper is here enclosed. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 19-3880 in the name of Bristol-Myers Squibb Company.

Respectfully submitted,

Bristol-Myers Squibb Company  
Patent Department  
P.O. Box 4000  
Princeton, NJ 08543-4000  
609-252-3575  
Date: 11/6/03

  
\_\_\_\_\_  
John A. Lamerdin, Ph.D.  
Attorney for Applicants  
Reg. No. 44,858



CERTIFICATE OF MAILING

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

John A. Lamerdin, Ph.D.

Type or print name

Signature

Date

11/16/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF

Art Unit: 1624

DWORETZKY ET AL.

Examiner: Dr. Thomas C. McKenzie

APPLICATION NO: 10/075,703

FILED: FEBRUARY 14, 2002

FOR: MODULATORS OF KCNQ POTASSIUM CHANNELS AND USE  
THEREOF IN TREATING MIGRAINE AND MECHANISTICALLY  
RELATED DISEASE

MAIL STOP: DD  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

This Information Disclosure Statement is being filed in accordance with 37 C.F.R. §1.97(c).  
A letter for payment of fee set forth in 37 C.F.R. §1.17(p) is enclosed.

In accordance with 37 C.F.R. §1.56, applicants wish to call the Examiner's attention to the references cited on the attached form(s) PTO-1449.

Some of the listed references were cited in a partial search report in a corresponding PCT International application. Copies of these references and the search report are enclosed herewith.

Also, copies of the other cited references are enclosed herewith.

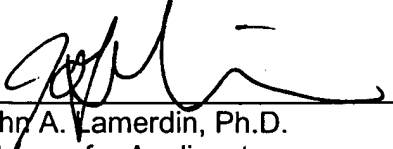
11/12/2003 GWORDOF1 00000096 193880 10075703

01 FC:1806 180.00 DA

The Examiner is requested to consider the foregoing information in relation to this application and indicate that each reference was considered by returning a copy of the initialed PTO 1449 form(s).

Respectfully submitted,

Bristol-Myers Squibb Company  
Patent Department  
P.O. Box 4000  
Princeton, NJ 08543-4000  
609-252-3575

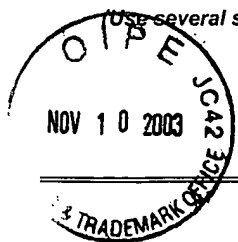
  
\_\_\_\_\_  
John A. Lamerdin, Ph.D.  
Attorney for Applicants  
Reg. No. 44,858

Date: 11/6/03

**INFORMATION DISCLOSURE CITATION**

ATTY. DOCKET NO.  
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**U.S. PATENT DOCUMENTS**

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
	AA						
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
	AL						

**FOREIGN PATENT DOCUMENTS**

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
	AM	WO9907832	2/18/99	PCT			<input type="checkbox"/>	<input type="checkbox"/>
	AN	WO0110380 A2	2/15/01	PCT			<input type="checkbox"/>	<input type="checkbox"/>
	AO	WO0110381 A2	2/15/01	PCT			<input type="checkbox"/>	<input type="checkbox"/>
	AP	WO9729748	8/21/97	PCT			<input type="checkbox"/>	<input type="checkbox"/>
	AQ	WO0200217 A1	1/3/02	PCT			<input type="checkbox"/>	<input type="checkbox"/>

**OTHER DOCUMENTS** (Including Author, Title, Date, Pertinent pages, Etc.)

	AR	
	AS	
	AT	

**EXAMINER**

**DATE CONSIDERED**

\*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

**INFORMATION DISCLOSURE CITATION**

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		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLAS S	TRANSLATION	
							YES	NO
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	2AB	WO02066426 A2	8/29/02	PCT			<input type="checkbox"/>	<input type="checkbox"/>
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	AZ						<input type="checkbox"/>	<input type="checkbox"/>

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